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B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Mississippi		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Brandywine Health Services of Mississippi, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Choctaw County Medical Center	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 82-0543869	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	
Street Address of Debtor (No. and Street, City, and State): 311 West Cherry Street Ackerman, MS	Street Address of Joint Debtor (No. and Street, City, and State):	
ZIP Code 39735	ZIP Code	
County of Residence or of the Principal Place of Business: Choctaw	County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):	
ZIP Code	ZIP Code	
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
<input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box)
		<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box)		Check one box: Chapter 11 Debtors
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).
		Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.
		Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information		
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors		
<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Brandywine Health Services of Mississippi, Inc.
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X _____ Signature of Attorney for Debtor(s) (Date)
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
_____ (Name of landlord that obtained judgment)		
_____ (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

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Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s):
Brandywine Health Services of Mississippi, Inc.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor**X** _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney) _____

Date _____

Signature of Attorney***X** /s/ J. Walter Newman, IV
Signature of Attorney for Debtor(s)J. Walter Newman, IV 3832
Printed Name of Attorney for Debtor(s)Newman & Newman
Firm Name
248 E. Capitol Street
Suite 539
Jackson, MS 39201

Address _____

Email: [\(wnewman95@msn.com\)](mailto:wnewman95@msn.com)
(601) 948-0586 Fax: **(601) 948-0588**

Telephone Number _____

December 14, 2009

Date _____

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jeffrey A. Morse
Signature of Authorized IndividualJeffrey A. Morse
Printed Name of Authorized IndividualOwner
Title of Authorized Individual**December 14, 2009**

Date _____

Signatures**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative _____

Date _____

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer _____

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address _____

X _____

Date _____

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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ACTION OF SHAREHOLDERS AND DIRECTORS OF
BRANDYWINE HEALTH SERVICES OF MISSISSIPPI, INC.

December 9, 2009

Pursuant to Sections 7.04 and Section 8.21 of the Mississippi Business Corporation Act, the undersigned, being the sole shareholder and the directors of Brandywine Health Services of Mississippi, Inc. (the "Corporation"), consented to and adopted the following resolution without the necessity of a meeting:

WHEREAS, upon review and analysis of the present and expected future status, conditions and prospects of the assets, liabilities, affairs and opportunities of the Corporation and its affiliated entities, the shareholder and directors have determined that the best interests of the Corporation and its creditors, equity security holders and other constituencies would be best served, and the values of the Corporation's assets and business operations would be best preserved and protected, by the filing of a voluntary reorganization case under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") by the Corporation.

NOW, THEREFORE, IT IS

RESOLVED, that the filing of a petition for relief under Chapter 11 of the Bankruptcy Code in the appropriate United States Bankruptcy Court, for and on behalf of the Corporation, at such time and place as the President of the Corporation or anyone else designated by him, deems necessary and feasible, be and the same hereby is authorized and approved by the sole shareholder and the directors.

RESOLVED FURTHER, that the execution and filing, for and on behalf of the Corporation, by the President of the Corporation or anyone else designated by him, of the Chapter 11 petition and any and all other pleadings or papers, and the taking of any other action by him on behalf of the Corporation, reasonably necessary or appropriate in connection with the commencement or prosecution of the Chapter 11 proceedings of the Corporation, be and the same hereby is authorized and approved by the sole shareholder and the directors.

RESOLVED FURTHER, that the retention by the President of the Corporation or anyone else designated by him, for and on behalf of the Corporation, of such attorneys and other professional persons as the President may determine reasonably necessary or appropriate to represent and act on behalf of the Corporation in connection with the bankruptcy proceedings of the Corporation, be and the same hereby is authorized and approved by the sole shareholder and the directors.

RESOLVED FURTHER, that any officer of the Corporation is authorized and directed to execute and deliver on behalf of the Corporation all such agreements, certificates, instruments and documents and to take all such actions as may be necessary, desirable or appropriate in connection with the Chapter 11 proceedings or in order to carry out the purposes and intent of the

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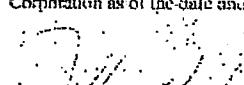
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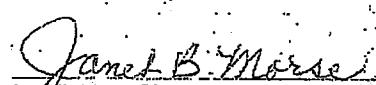
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foregoing resolutions or the transactions contemplated thereby, the taking of any such action or the execution or delivery of any such agreement, certificate, instrument or document to be conclusive evidence that the taking of such action or the execution and delivery of any such agreement, certificate, instrument or document was deemed necessary, desirable or appropriate by the officer taking, executing or delivering the same.

RESOLVED FURTHER, that any and all actions heretofore taken by any officer of the Corporation in connection with the Chapter 11 proceedings, the foregoing resolutions or the transactions contemplated thereby are, and each of them hereby is, ratified, confirmed and approved in all respects.

CONSENTED TO BY the undersigned being all of the shareholders and directors of the Corporation as of the date and year first written above.


Jeffrey A. Morse, Sole Shareholder and
Director


Janet B. Morse, Director


Jennifer Schmid, Director
12/9/09

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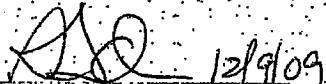
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**CERTIFICATE OF SECRETARY OF
BRANDYWINE HEALTH SERVICES OF MISSISSIPPI, INC.**

I, Jennifer Schmidt, do hereby certify that I am the duly elected, qualified, and acting secretary of Brandywine Health Services of Mississippi, Inc. (the "Corporation"), a corporation duly organized and existing under the laws of the State of Mississippi; that as such secretary, I have custody of the corporate records and corporate seal of the Corporation; that the foregoing action is a true and correct copy of the action which was duly adopted by the shareholder and directors of the Corporation on December 9, 2009; that said action does not in any manner contravene the Articles of incorporation or the Bylaws of the Corporation; and that said action has not been amended, annulled, rescinded, or reversed in any way; and on the date hereof is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this the 9th day of December 2009.


12/9/09
Jennifer Schmidt, Secretary of Brandywine Health Services of Mississippi, Inc.

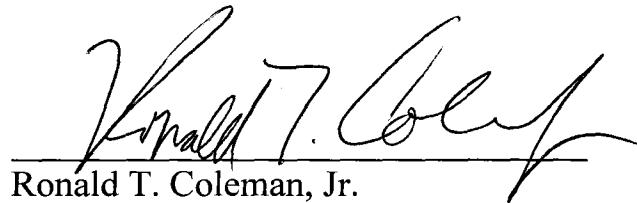
202-37005002.

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a copy of the within and foregoing **NOTICE OF REMOVAL** upon all parties in this matter electronically and by depositing a true copy of same in the U. S. Mail, proper postage prepaid, addressed to all parties to this matter as follows:

William C. Collins, Jr., Esq.
John Michael Kearns
Burr& Forman LLP
Suite 1100
171 17th Street, NW
Atlanta, Georgia 30363

This 8th day of January, 2010.



Ronald T. Coleman, Jr.